

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/09/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>155295</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b>  <b>05/07/2014</b>
NAME OF PROVIDER OR SUPPLIER  <b>CLINTON HOUSE HEALTH AND REHAB CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>809 W FREEMAN ST</b> <b>FRANKFORT, IN 46041</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	<p>INITIAL COMMENTS</p> <p>This visit was for the investigation of complaints IN00148336 and IN00147078.</p> <p>This visit was in conjunction with the Post Survey Revisit to the Recertification and State Licensure Survey completed on 3/14/14.</p> <p>Complaint IN00148336 unsubstantiated due to lack of evidence.</p> <p>Complaint IN00147078 unsubstantiated due to lack of evidence.</p> <p>Survey dates: May 5 , 7 , 2014.</p> <p>Facility Number: 000192 Provider Number: 155295 AIM number: 100291120</p> <p>Survey Team: Bobette Messman, RN, TC Rita Mullen, RN Maria Pantaleo, RN Holly Duckworth RN,( May 7, 2014)</p> <p>Census bed type: SNF/NF: 63 SNF: 3 Total: 66</p> <p>Census payor type: Medicare: 7 Medicaid: 42 Other: 17 Total: 66</p> <p>Sample: 6</p>	F 000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients . (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 000	Continued From page 1  Clinton House Health and Rehab Center was found to be in compliance with 42 CFR Part 483, subpart B and 410 IAC 16.2 in regard to the investigation of complaint IN00148336 and Complaint IN00147078.  Quality Review was completed by Tammy Alley RN on May 8, 2014.	F 000			